U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 7982

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/2004 Through: 12/31/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edward Padilla	Name LIUNA Local 220
Section of the sectio	Labor Organization File Number 00 1760
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
	1.0. Box, Building and Room Number, II any
Street 2201 H Street	Street
City Bakerstield	City Bakersfield
State California ZIP Code +4 93301	State California ZIP Code + 4 93302
5. Position in labor organization. President 1	Business Agent
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests
(except as specified in the exclu	sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
the resident and a second control of the control of	7.b. Amount.
Street Street	
City (
State ZIP Code + 4	American-version and an experience of the second and an experience and an experience and an experience of the second and are also an experience of the second and are also an experience of the second and are also
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	na documents) has been examined by the signetary and in the best of a

Signed	On <u>E-12-05</u> 661-322-3 460 Date Telephone Number
Form LM-30 (2003)	

Name of Person Filing Edward Padilla		
substantial part of which consists of buying from, selling or leasing of an employer whose employees your labor organization reprise (2) any part of which consists of buying from or selling or leasing dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor.	monetary value from a business (1) a	File Number U -
8. Name and address of Business (including trade)	incrested.	
Name ASSOCiated Third Party Administrate Name, if any). Trade Name, if any:	cators	
P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street 4399 Santa Amfa Avenue	c. Employer	
State California ZIP Code +4 917.		
10. If 9.b. or 9.c. is checked give trust or employeds		
Name Const Laborers Truck Funds For So	11.a. Nature of such dealing.	
Trade Name, if any:	Cal Provides Thing Odministrative	100
any:	administrative	party
P.O. Box, Bldg., Room No., if any	trust funds	services to
Stroot		
January 1997		
City	11.b. Approximate dollar value of suc	3
	12.a. Nature of interest held or inco	h dealing. Un Fnown
ZIP Code + 4		
	9-16-04	
	Vinner at	restaurant
Popularia	12.b. Amount.	
C. Received from any employer (other than an employer covered un in from any labor relations consultant to an employer any navment of	12.b. Amount.	\$ 114.53
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon 3.a. Name and address of Employer or Labor Relations Consult	12.b. Amount. nder parts A and B above) ey or other thing of value.	B1140 53
i.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. nder parts A and B above) ey or other thing of value. 14.a. Nature of payment.	\$ 114.53
(including trade name, if any).	12.b. Amount. nder parts A and B above) ey or other thing of value.	# 1/4° 53°
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